Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

B Check if applicable: C	D Employer Identification Number
Address change CARS 4 CAUSES	77-0455976
Name change P.O. BOX 5730	E Telephone number
H WENTIDA CA 93005-0730	'
Hillarietan	805-477-7617
Terminated	
Amended return	G Gross receipts \$ 5,020,041.
Application pending F Name and address of principal officer:	this a group return for subordinates? Yes X No
Same As C Above	e all subordinates included? No,' attach a list. (see instructions) Yes No
Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	No, attach a list. (see instructions) — — —
	oup exemption number
The state of the s	M State of legal domicile:
	Wi State or legal domictie:
Part Summary	
1 Briefly describe the organization's mission or most significant activities: THE ORGANIZA	
EDUCATION AND OTHER CAUSES BY GIVING DONORS THE OPPORTUNIT	Y TO SELECT AN
ADDITIONAL CHARITY TO SHARE IN THE NET PROCEEDS REALIZED T	HROUGH THE NET SALE OF
YEHICLE DONATIONS RECEIVED BY THE ORGANIZATION.	
2 Check this box ► if the organization discontinued its operations or disposed of more than	
Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Par Repeal's Office of the governing body).	
4 Number of independent voting members of the governing body (Par Allia Online)	4 5
5 Total number of individuals employed in calendar year 2013 (Part V. June 18)	5 41
6 Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12 NOV 19 2014 b Net unrelated business taxable income from Form 990-T, line 34.	6
7a Total unrelated business revenue from Part VIII, column (C), line 12NUV	
b Net unrelated business taxable income from Form 990-T, line 34. Registry of Registry of Trusts	7b 0.
8 Contributions and grants (Part VIII, line 1h). Charitable Trusts 9 Program service revenue (Part VIII, line 2g).	Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h)	7,071,139. 5,019,601.
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,191390.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,072,330. 5,019,211.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,829,195. 2,050,928.
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,805,520. 1,513,971.
9 16 - Professional fundacing food (Port IV column (A) line 110)	1,000,020. 1,010,071.
16a Professional fundraising fees (Part IX, column (A), line 11e)	The second of th
16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ▶ 593, 922.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,925,523. 2,350,767.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,560,238. 5,915,666.
19 Revenue less expenses. Subtract line 18 from line 12	-487,908896,455.
δ 👸	nning of Current Year End of Year
Total accets (Part V line 16)	1,460,099. 860,703.
21 Total liabilities (Part X, line 26)	2,117,248. 2,163,792.
95	-657,1491,303,089.
The dissels of faire sale from the El from	-657,1491,303,069.
Part II Signature Block	
Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	of my knowledge and belief, it is true, correct, and
Signature of officer	Date
sign	
	esident
Type or print name and title.	LOTIN
Print/Type preparer's name Preparer's signature Date	Check X if PTIN
Paid Maria U Berntson, CPA	self-employed P00235506
Preparer Firm's name LINDSAY AND COMPANY LLP	
Use Only Firm's address 770 COUNTY SQUARE DR STE 102	Firm's EIN ► 80-0630202
VENTURA, CA 93003-5407	Phone no. (805) 650-5915
May the IRS discuss this return with the preparer shown above? (see instructions)	

		RS 4 CAUSES				77-	0455976	
rar	in the contract of the contrac		rvice Accomplis					
			response or note to	any line in this Pa	<u>rt III </u>			· · · · · ·
1	THE ORGANIZ	TO SELECT AN	sion: 'S YOUTH EDUC! I ADDITIONAL (VEHICLE DONA!	CHARITY TO S	HARE IN TH	E NET PROCE	EDS REAL	
	Did the organization	undortako any cianif	cant program services	during the year whi	ah wara nat listas	I on the prior		
4	Form 990 or 990-E	Z?		• ,		•	Yes	X
3	Did the organization	hese new services o on cease conducting hese changes on Sc	or make significant	changes in how it	conducts, any p	rogram services?.	Yes	X
4	Describe the organ	nization's program se	ervice accomplishme ions and section 4947 e, if any, for each pr	(a)(1) trusts are requ	uired to report the	gram services, as amount of grants a	measured by and allocations	exper to
4 a	(Code:) (Expenses \$	2,865,857. inc	cluding grants of	\$) (Revenue	\$	
		NDS TO ACCEPT	PROCESS ANI			S FOR THE B	ENEFIT OF	THE
								
				·				
		-						
4 b	(Code:) (Expenses \$	2,050,928. inc) (Revenue	\$	
	AND IN-KIND		IS (\$27,981) <u>'</u>			CONTRIBUTION DESIGNATED		
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	AND IN-KIND APPROVED BY	CONTRIBUTION THE BOARD OF	IS (\$27,981) DIRECTORS.	TO QUALIFIED	CHARITIES S S	DESIGNATED	BY DONOR	

Form 990 (2013) CARS 4 CAUSES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13		13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	

Part IV Checklist of Required Schedules (continued)

1 41	Checkist of Required Schedules (Continued)		V	NI -
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŀ	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1993		
ā	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	#Bissille	Х
t	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b	Х	
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> 'Yes,' <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	The state of the s	32		х
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	22	4	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0	12	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and regambling) winnings to prize winners?	eportable gaming	1 c	-	X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a	41		
	If at least one is reported on line 2a, did the organization file all required federal employmen		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in:		10.00	1000	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ır?	За		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		Зь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4a		Х
b	If 'Yes,' enter the name of the foreign country: ►			MODILES.	7/
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and F			15.12	
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	=			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt				X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		<u>5 c</u>		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	ба		х
	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	<u>6 b</u>		
7	Organizations that may receive deductible contributions under section 170(c).		(44) (4) (
	Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?		7a		X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?		7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	L _1	in seed of	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal				X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7f		X
-	If the organization received a contribution of qualified intellectual property, did the organization file is as required?		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the lave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.		351.71.1816		150
а	Did the organization make any taxable distributions under section 4966?		9а		
	Did the organization make a distribution to a donor, donor advisor, or related person?				
10	Section 501(c)(7) organizations. Enter:				
		10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			10 \ 10 =
	Section 501(c)(12) organizations. Enter:			14. K.	
	Gross income from members or shareholders	11 a		1.00	
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 ь		12 A	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	(E. 1. a	2.6
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			76 F
	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		300 304
а	Is the organization licensed to issue qualified health plans in more than one state?		· · · 13a		
	Note. See the instructions for additional information the organization must report on Schedu	ie U ,			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		in in	
	Enter the amount of reserves on nand		14a		Х
	old the organization receive any payments for indoor talking services during the tax year If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in				
t	In tes, has it lieu a Form 720 to report these payments: If two, provide arresplanation in	J., 104410 O			(2012)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.

Sec	ction A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 6			14 (a)
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ı	b Enter the number of voting members included in line 1a, above, who are independent 1 b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?See Schedule 0	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4		<u> </u>		
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		Х
ŀ	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			(1559) - 1569 - 156
	a The governing body?b Each committee with authority to act on behalf of the governing body?	8 a	<u> </u>	
9		9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	ستسا	ie Co	
	All Bir offices (Time Country Proquetes Information about pointer in requires by the information		Yes	No
10 a	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		act Se	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSee.Schedule.Q	12 c	Х	
13		13	Х	
14		14	X	and the second
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
i	a The organization's CEO, Executive Director, or top management official	15 a	X	
ı	b Other officers of key employees of the organization	15 b	de consensa	Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			i i
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	aldrin b	X
1	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure	<u> </u>		
17	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O			-,
18	inspection. Indicate how you make these available. Check all that apply.	vailab	le for	public
	X Own website			
19	the public during the tax year. See Schedule O			
20				
	PATTI LIVINGSTON P.O. BOX 5730 VENTURA CA 93005-0730 805-477-7617	- F		(2013)
BAA	↑ TEEA0106L 07/02/13	LOIL	: JJU	(2013)

Form 990 (2013) CARS 4 CAI	USES	
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77-0455976

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	ion (do not check more than ox, unless person is both an cer and a director/trustee) (D) Reportable compensation from the organization						(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MATTHEW SMITH	-1	х		Х	·			0.	0.	0.
Secretary/Dir. (2) ANTHONY GLENN	1	_^	-	^				0.	<u> </u>	<u> </u>
Director	 	х						0.	0.	0.
(3) PATRICIA JESSUP	3	^	-				-	0.	0.	<u> </u>
Exec Dir-NonVot	1-5-	X						0.	0.	0.
(4) ALEX CABRERA	1		П							
Director	0	X					L.,	0.	0.	0.
(5) MICHAEL LECLAIR	1							_	_	
Director	0	X						0.	0.	0.
_(6)_JIM_FORNEAR	1_1_							_		
Treasurer/Dir	0	X		Х				0.	0.	0.
7 PATTI LIVINGSTON	5	ļ								•
President/Off	0		_	Х				0.	0.	0.
(8) PATRICIA JESSUP	40_	ļ						100 (10	0	•
EXEC DIRECTOR	0				Х			128,612.	0.	0.
(9) PATTI LIVINGSTON	40	ł			3,7			120 742	0	0
PRESIDENT	0				X			138,743.	0.	0.
(10)	 	ł								
<u>(11)</u>										
(12)		ļ -								
(13)		+								
(14)		<u> </u>								

Form 990 (2013) CARS 4 CAUSES									77-045597	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	Average hours per week	box offic	, unle er ar	Pos heck ss pe	ition more rson directe	than of the than of the than the than the than the than the the than the than the	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related against times	(F) Estimated amount of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)									· · · · · · · · ·	
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)		<u> </u>								
1 b Sub-total c Total from continuation sheets to Part VII, Section							>	267,355. 0.	0. 0.	0.
d Total (add lines 1b and 1c)							▶	267,355.	0.	0.
from the organization ▶ 2 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such 4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	or, or tru individu eportab than \$1	stee, <i>ial.</i> le co 50,0	key	/ em	nplo	yee,	or h	nighest compensa	ted employee	Yes No
such individual5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	comper	satio	n fr	om	any	unre	late	ed organization or	individual	4 X
Section B. Independent Contractors									,	- ΓΑ
Complete this table for your five highest compensation from the organization. Report compensation.	ated ind ation for	epen the c	deni alen	t co dar	ntra year	ctors endi	tha	at received more to with or within the o	han \$100,000 of ganization's tax yea	r
(A) Name and business addre								Description	1	(C) Compensation
GOOGLE, INC DEPT 33654 P O BOX 39000 SAN FR			A 9	413	9		**	WEB ADVERTISE		1,256,386.
ISBX CORP 3415 SEPULVEDA BLVD LOS ANGELES,			07.4					COMPUTER DESI		101,562. 507,134.
CLEAR CHANNEL WORLDWIDE FILE 56107 LOS ANGE MMI CAPITAL CORPORATION 4316 MARINA CITY DR					DEI	REY	Y,	RADIO ADVERTI MANAGEMENT CO		180,000.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 4										

Page 9

Part VIII Statement of Revenue

00.400		Check if Schedule O contains a resp	onse or note to any	y line in this Part V	и		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b c d	Federated campaigns 1 a Membership dues 1 b Fundraising events 1 c Related organizations 1 d Government grants (contributions) 1 e					
	g	All other contributions, gifts, grants, and similar amounts not included above	5,019,601. 5,019,601. Business Code	5,019,601.			
PROGRAM SERVICE REVENUE	2a b c d		Business Code				
PROGRA	g	All other program service revenue				1987 - 12 9 2	
	3 4 5	other similar amounts)	bond proceeds►	440.			440.
	b	Gross rents	(ii) Personal			African Company	
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other				
	С	and sales expenses Gain or (loss)	830. -830.	-830.			- 830.
OTHER REVENUE		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		1.45		
OTHE	c	Less: direct expenses Net income or (loss) from fundraising Gross income from gaming activities.	b events▶				
	b	See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming active	b				
	10 a b	Gross sales of inventory, less returns and allowances	a b				
	11 a	Miscellaneous Revenue	Business Code	Jan Language			A
	_	All other revenue			n la	The state of the s	
	12	Total revenue. See instructions		5,019,211.	0.	0.	-390.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX......

	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,050,928.	2,050,928.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.								
4	Benefits paid to or for members [
5	Compensation of current officers, directors, trustees, and key employees	267,355.	141,475.	125,880.	0.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.				
7	Other salaries and wages	990,736.	990,736.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	132,551.	119,296.	13,255.					
10	Payroll taxes	123,329.	110,996.	12,333.					
	Fees for services (non-employees):								
	Management								
	Legal	295,714.	295,714.						
•	: Accounting	33,276.		33,276.					
	Lobbying								
	Professional fundraising services. See Part IV, line 17			Carlotte de la conferencia del la conferencia de					
-	Investment management fees				•				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	F02 000			E02 022				
	Advertising and promotion	593,922.	6,849.	15,981.	593,922.				
13	Office expenses	22,830. 105,790.	79,345.	26,445.					
14 15	Information technology	103,790.	79,343.	20,445.					
16	Occupancy	152,031.	121,625.	30,406.					
17	Travel	132,031.	121,023.	30, 400.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	7,372.	3,513.	3,859.					
19	Conferences, conventions, and meetings	.,, 0, = :							
20	Interest	1,642.	1,642.						
21	Payments to affiliates	005 600	154 550	20 042					
22	Depreciation, depletion, and amortization	205,622.	174,779.	30,843.					
23 24	Insurance Other expenses. Itemize expenses not	26,462.	19,847.	6,615.	2 July 2007 as Substitute 2 1 miles				
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).								
i	SALES AND PROCESSING FEES	544,013.	544,013.						
	OUTSIDE/TEMPORARY SERVICES	207,793.	103,897.	103,896.					
	YARD/STORAGE_RENT	32,550.	32,550.						
	MARKETING - SEO & PROMOTION	32,184.	32,184.						
	All other expenses	89,566.	87,396.	2,170.					
	Total functional expenses. Add lines 1 through 24e	5,915,666.	4,916,785.	404,959.	593,922.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				Form 990 (2013)				
BAA	A	TEEA0110L 1	1/08/13		FOITH 330 (2013)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		144,956.	1	55,361.
	2	Savings and temporary cash investments		189,925.	2	87,612.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		129,823.	4	48,088.
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated empart II of Schedule L	fficers, directors, ployees. Complete		5	
	6	Loans and other receivables from other disqualified pesection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c)(5) beneficiary organizations (see instructions). Complete	er (22)	6	Designation of the second	
S	7	Notes and loans receivable, net			7	
A S E T S	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges		94,184.	9	73,468.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 977,9	88		
		Less: accumulated depreciation			10 c	135,603.
	11	Investments – publicly traded securities			11	
	12	Investments – other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	460,571.
	16	Total assets. Add lines 1 through 15 (must equal line 3			16	860,703.
	17	Accounts payable and accrued expenses		250,367.	17	520,700.
	18	Grants payable		18		
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities			20	
I A	21	Escrow or custodial account liability. Complete Part IV		21		
ABILIT	22	Loans and other payables to current and former officer key employees, highest compensated employees, and Complete Part II of Schedule L	rs, directors, trustees, disqualified persons.		22	
1	23	Secured mortgages and notes payable to unrelated thi			23	10,165.
E S	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24). Comp	s to related third partie blete Part X of Schedul	s, e D. 1,840,113.	25	1,632,927.
	26	Total liabilities. Add lines 17 through 25		2,117,248.	26	2,163,792.
N E T		Organizations that follow SFAS 117 (ASC 958), check her lines 27 through 29, and lines 33 and 34.	e ► X and comple	te of the state of		
ASSETS	27	Unrestricted net assets		-857,248		-1,447,002.
Ĕ	28	Temporarily restricted net assets		200,099	28	143,913.
	29	Permanently restricted net assets			29	
R F		Organizations that do not follow SFAS 117 (ASC 958), che and complete lines 30 through 34.	eck here ►			
FUZD	30	Capital stock or trust principal, or current funds		• • • •	30	
	31	Paid-in or capital surplus, or land, building, or equipment			31	
Ā	32	Retained earnings, endowment, accumulated income,			32	
Ň	33	Total net assets or fund balances			. 33	-1,303,089.
B女し女之ひせの	34	Total liabilities and net assets/fund balances				860,703.
BA		A STATE OF THE STA				Form 990 (2013)

Forn	n 990 (2013) CARS 4 CAUSES	77-04559	76	Page 1	2
	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI		,	X	[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5.0	19,211	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,666	_
3	Revenue less expenses. Subtract line 2 from line 1	3		96,455	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		57,149	_
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			_
7	Investment expenses	7		***************************************	_
8	Prior period adjustments	8	3	06,787	
9	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	9	-	56,272	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-1,3	03,089	
Pai	rt XII Financial Statements and Reporting				_
M. C.	Check if Schedule O contains a response or note to any line in this Part XII			Г	٦
	Oncount Contains a respective of view to any mile in the contains and contains a respective of the contains a respective of the contains and contains a respective of the respective of the contains a respective of the contains a respec			Yes No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	39.7	ejiu
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	-
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or rev separate basis, consolidated basis, or both:	iewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
(b Were the organization's financial statements audited by an independent accountant?		2b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both:	parate	p, ybers		
	X Separate basis Consolidated basis Both consolidated and separate basis		Alinica luis		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	nudit,	2с	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle 	За	х	
ا	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
BA				990 (201	5

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 77-0455976 CARS 4 CAUSES Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts q from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type III - Non-functionally integrated Type III — Functionally integrated **b** | Type II C By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) 11 g (i) below, the governing body of the supported organization?..... A family member of a person described in (i) above?..... 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the supported organization(s) h (vi) Is the organization in column (i) organized in the (vii) Amount of monetary (iv) Is the organization in column (i) listed in (v) Did you notify the organization in column (i) of your (III) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported (ii) EIN support organization your governing document? (see instructions)) support? Yes No Yes No Yes No (A) (B) (C) (D) (E)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

フセレリ	on A. Public Support									
	dar year (or fiscal year ning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1 (afts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no	11166980.	9,766,714.	8,665,871.	7,071,139.	5,019,601.	41,690,305.			
(Fax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
f	The value of services or acilities furnished by a governmental unit to the organization without charge						0.			
4	rotal. Add lines 1 through 3	11166980.	9,766,714.	8,665,871.	7,071,139.	5,019,601.	41,690,305.			
- ((((The portion of total contributions by each person other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.			
	Public support. Subtract line 5 rom line 4						41,690,305.			
<u>Secti</u>	on B. Total Support		I	г	T .	T	<u> </u>			
Calen begin	dar year (or fiscal year ning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7 /	Amounts from line 4	11166980.	9,766,714.	8,665,871.	7,071,139.	5,019,601.	41,690,305.			
(Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.			
_ I	Net income from unrelated ousiness activities, whether or not the business is regularly carried on						0.			
(Other income. Do not include gain or loss from the sale of capital assets (Explain in V	159,498.	4,090.	706.	1,191.	440.	165,925.			
11	Total support. Add lines 7 through 10			- 10 (41,856,230.			
12	Gross receipts from related activ	ities, etc (see ins	tructions)				0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ [
Sect	ion C. Computation of Pu	blic Support F	Percentage							
14	Public support percentage for 20)13 (line 6, colum	n (f) divided by lir	ne 11, column (f))		14	99.60%			
	Public support percentage from						99.58%			
16a	33-1/3% support test – 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more,	check this box ► X			
b	b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	mosts the 'facts.	and-circumstance	s'test check this	. nox and stop ne	re. Explain in Par	T I V DOW			
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop he a publicly suppor	re. Explain in Par ted organization	t IV now the			
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or I/b, check th	iis box and see in	structions			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						10 to 60 to
3							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			And the considerable for the constant of the c			
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons			The state of the s			
I	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				i grafiji — sili		
80-	tion D. Total Cumpart						
	tion B. Total Support						
	ndar year (or fiscal yr beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Caler 9 10		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Caler 9 10 a	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10:	Amounts from line 6	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
110 a 12	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						
10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6	is for the organize stop here	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	
10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6	is for the organize stop here	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	(i) ► □
10 a 11 12 13 14 Sec 15	Amounts from line 6	is for the organiza stop hereblic Support P	ation's first, secon	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	2)
10 a 10 a 11 a 12 a 13 a 14 a 15 a 16	Amounts from line 6. Amounts from line 6. A Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. D Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and extion C. Computation of Pulublic support percentage from	is for the organiza stop here blic Support P 113 (line 8, column 2012 Schedule A,	ation's first, secon Percentage n (f) divided by lir Part III, line 15.	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	(i) ► □
10 a 10 a 11 a 12 a 13 a 14 a 15 a 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and public support percentage for 20.	is for the organize stop hereblic Support P 113 (line 8, column 2012 Schedule A, restment Incor	ation's first, secon Percentage n (f) divided by lir Part III, line 15 me Percentage	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	(i) ► □
10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total Support. (Add Ins 9,10c, 11 and 12.) First five years. If the Form 990 organization, check this box and extion C. Computation of Pulpublic support percentage from extion D. Computation of Investion D. Computation of Investion D. Computation of Investion Services and content of the support percentage from extion D. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investion D. Computation of Investication of Investication in the support percentage from extion D. Computation of Investication of Investication in the support percentage from exticon D. Computation of Investication in the support percentage from exticon D. Computation of Investication in the support percentage from exticon D. Computation of Investication in the support percentage from exticon D. Computation of Investication in the support percentage from exticon D. Computation of Investication in the support percentage from exticon D. Computation of Investication in the support percentage from the support percentage from exticon D. Computation of Investication in the support percentage from the support percentage fr	is for the organiza stop hereblic Support P 113 (line 8, column 2012 Schedule A, restment Incor or 2013 (line 10c,	ercentage n (f) divided by lin Part III, line 15 ne Percentage column (f) divide	nd, third, fourth, one 13, column (f))	r fifth tax year as	a section 501(c)(3	8)
10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6	is for the organizatop here blic Support P 113 (line 8, column 2012 Schedule A, restment Incor or 2013 (line 10c, rom 2012 Schedule the organization this box and sto	ercentage (f) divided by lir Part III, line 15 me Percentage column (f) divide le A, Part III, line did not check the phere. The organ	nd, third, fourth, one 13, column (f)) d by line 13, column 17	r fifth tax year as mn (f))	a section 501(c)(3	8 8 8 nd line 17
10 a l l l l l l l l l l l l l l l l l l	Amounts from line 6	is for the organization the organization the organization the organization the organization the organization of the organizati	ercentage n (f) divided by lir Part III, line 15 me Percentage column (f) divide le A, Part III, line did not check the p here. The organ did not check a b and stop here. Th	d, third, fourth, one 13, column (f)) d by line 13, column 17	r fifth tax year as mn (f)) and line 15 is mores a publicly supp ine 19a, and line alifies as a public	a section 501(c)(3	8)

Schedule A	(Form 990 or 990-EZ) 2013	CARS 4 CAUSES	77-0455976	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	tion. Provide the explanations required by Pa e 12. Also complete this part for any additional	rt II, line 10; Part II, line 17a Il information.	
· 				-
		· 		

2013 S	ched	ule A	, Part	IV -	Supple	mei	ntal Inform	nation	Page
Client 1502 CARS 4 CAUSES								77-04559	
1/06/14									09:42/
Part II, Line 10 - Other	Income	•							
Nature and Source		2	013		2012		2011	2010	2009
		\$	440. 440.	\$	1,191. 1,191.	\$	706. \$ 706. \$	4,090. \$	159,498.
	Total	\$	440.	\$	1,191.	\$	706.	4,090. \$ 4,090. \$	159,498.

٠,

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CAI	S 4 CAUSES		77-0455976
Par	Organizations Maintaining Dono	or Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	e 6.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets held in dorganization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant fur t of the donor or donor advisor, or for any othe	nds can be used only er purpose conferring Yes No
Par	Conservation Easements. Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	· 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		of an historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution in the for	rm of a conservation easement on the
	last day of the tax year.	•	4952/AMMHURE
			Held at the End of the Tax Year
_	Total number of conservation easements		
	Total acreage restricted by conservation ease		
(Number of conservation easements on a certi-	fied historic structure included in (a)	2c
	Number of conservation easements included i structure listed in the National Register		[2d]
3	Number of conservation easements modified, trar tax year ►		the organization during the
4	Number of states where property subject to conse		-
5		nts it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easements	during the year
7	Amount of expenses incurred in monitoring, insper ►\$	ecting, and enforcing conservation easements duri	ing the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of so	ection 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for
	conservation easements.	etions of Art Historical Transuras o	r Other Similar Accets
	Organizations Maintaining Colle Complete if the organization ans	The state of the s	
	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finance.	eld for public exhibition, education, or research in ncial statements that describes these items.	furtherance of public service, provide,
ŀ	If the organization elected, as permitted unde historical treasures, or other similar assets held following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII,		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, I amounts required to be reported under SFAS	nistorical treasures, or other similar assets for fina 116 (ASC 958) relating to these items:	ancial gain, provide the following
ā	Revenues included in Form 990, Part VIII, line	. 1	
ı	Assets included in Form 990, Part X	,	

TEEA3301L 10/02/13

Part III Organizations Mainta	ining Colle	ections	of Art, Histo	rical Treasi	ires, or C	Other Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other	records, check ar	ny of the following	ng that are	a significant use of its	collectio	n	
a Public exhibition			d 🗆 Loan o	or exchange pr	ograms				
b Scholarly research			e Other	oxonango pr	ogramo				
c Preservation for future gener	ations		• <u> </u>						
4 Provide a description of the organiz Part XIII.		ions and	explain how they	further the orga	ınization's e	exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or	receive	donations of art	, historical trea	asures, or o	other similar assets	Yes	Г	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangen	nents.	Complete if the	he organiza					
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	ın, or oth	ner intermediary	for contributio	ns or other	assets not included	Yes		No
b If 'Yes,' explain the arrangement								L	
			'	J			Amoun		
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						. 1 e			
f Ending balance						. 1f			
2a Did the organization include an a	mount on Fo	rm 990,	Part X, line 21?.				Yes		No
b If 'Yes,' explain the arrangement	in Part XIII.	Check h	ere if the explan	tion has been	provided ir	n Part XIII		[
				· · · · · · · · · · · · · · · · · · ·					
Part V Endowment Funds. C									
	(a) Current	year	(b) Prior year	(c) Two	years back	(d) Three years back	(e)	our years	back
1 a Beginning of year balance						,			
b Contributions							 		
c Net investment earnings, gains, and lossęs									
d Grants or scholarships							ļ		
e Other expenditures for facilities and programs				,					
f Administrative expenses									
g End of year balance						<u> </u>			
2 Provide the estimated percentage		ent year	end balance (line	e 1g, column (a)) held as	:			
a Board designated or quasi-endowm	ent ►		*						
b Permanent endowment	· · · · · · · · ·	i	ο.						
c Temporarily restricted endowmer		-ll	% %						
The percentages in lines 2a, 2b,	and 2c shoul	a equai	100%.						
3a Are there endowment funds not in toganization by:	•		·					Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations									
b If 'Yes' to 3a(ii), are the related of	•		*				. 3b		
4 Describe in Part XIII the intended			ation's endowme	nt funds.					
Part VI Land, Buildings, and Complete if the organi			'Yes' to Form	n 990, Part I	V, line 1	1a. See Form 990), Pari	: X, Iir	e 10.
Description of property		(a) Cost	or other basis vestment)	(b) Cost or basis (oth	other	(c) Accumulated depreciation		Book va	
1 a Land		<u> </u>		, , , ,					
b Buildings									
c Leasehold improvements				36	,943.	21,095.		15	848.
d Equipment					,215.	806,100.			,115.
e Other				15	,830.	15,190.			640.
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual For	m 990, Part X, c	column (B), line	9 10(c).)				,603.
BAA							ıle D (F	orm 990	2013

Part VII Investments — Other Securities. Complete if the organization answered	'Yes' to Form 990	N/A Part IV line 11b. See Form 9	90 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	
(1) Financial derivatives		(0,	you market takes
(2) Closely-held equity interests			
(3) Other			
	10.00		
(A) (B)			
(C)			
(C) (D) (E)			
(E)	· · · · · · · · · · · · · · · · · · ·		
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.	1Vaal ta Farm 000	N/A	00 David V 15 10
Complete if the organization answered (a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end	
	(b) Book value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			·
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)			er / Primariana adam. Albari 2
Part IX Other Assets.	1)/ I I - F 000	Don't IV / Hara 11 d Con Forms 00	00 David V 15 15
Complete if the organization answered	cription	, Part IV, line 11d. See Form 95	(b) Book value
(a) Des			
	scription		
(1) DEPOSITS & OTHER			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C	CASH		
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3)			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4)			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7)			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO (3) (4) (5) (6) (7) (8)			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO (3) (4) (5) (6) (7) (8) (9)			8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10)	CASH		8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	CASH		8,130.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities	SASH 3), line 15.)		8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E)	SASH 3), line 15.)		8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO COMBO (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Foliability (1) Federal income taxes	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6) (7)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6) (7) (8)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6) (7)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6) (7) (8) (9)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.
(1) DEPOSITS & OTHER (2) DONATED VEHICLES NOT YET CONV TO C (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) SALES PROCEEDS DUE TO CHARITIES (4) (5) (6) (7) (8) (9) (10) (11)	3), line 15.)	e or 11f. See Form 990, Part X, line 25	8,130. 452,441.

Schedule D (Form 990) 2013

BAA

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, 28c, or Form 990-EZ, Part V, line 38a or 40b.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(10)

CARS 4 CAUSES

Employer identification number

77-0455976

1	(a) Name of disqua	lified person	(b) R		between c		(c) Description	of trans	action			(d) Corrected?		
•				person a	nd organiza	ition						Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
;														
3	Enter the amount o	of tax, if any, or	n line 2, above	, reimb	ursed by	the organization			. ►\$					
	Loans to a Complete if t organization	he organization reported an am	answered 'Yes	on For 190, Par	m 990-E t X, line	Z, Page V, line 38a 5, 6, or 22.	or Form 990, Part IV,		or if		proved	(i) W	ritten	
(-)		with organization	of loan		from the organization?	from the	principal amount				by bo	ard or nittee?	agree	
				То	From			Yes	No	Yes	No	Yes	No	
(1)														
(2)					<u></u>									
(3)														
(4)														
(5)									<u> </u>					
(6)				<u> </u>								ļ		
(7)			<u> </u>											
(8)				ļ					L					
(9)				1									ļ	

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)				<u> </u>	

⊳\$

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.									
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?					
				Yes No					
(1) PAT JESSUP	PRES' MOTHER	128,612.	EMPLOYEE COMP	X					
(2) PATTI LIVINGSTON	OFFICER, KEY	138,743.	EMPLOYEE COMP	X					
(3) MMI CAPITAL	OFF/M SMITH	187,500.	CONSULTING SERVICES	X					
(4) LORRAINE LANCE	PRES' SISTER	72,000.	ADV/MKTG CONSULTANT	X					
(5)									
(6)									
(7)									
(8)									
(9)									
(10)				I					
Part V Supplemental Information Provide additional information for resp	onses to questions on Sch	nedule L (see instructions	;). 						
	·								
				 -					
	· 								
				— — — —					

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

77-0455976 CARS 4 CAUSES Part I Types of Property (b) (c) (d)

		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	Method of determining noncash contribution amounts				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods		Filling Street Control of the Street						
6	Cars and other vehicles		6,484						
7	Boats and planes	X	95	184,122.	SALES				
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests.								
12	Securities - Miscellaneous								
13	Qualified conservation contribution — Historic structures								
14	Qualified conservation contribution — Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other • ()								
26	Other ► ()								
27	Other • ()								
28	Other ► ()	.,							
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	luring the tax e Acknowle	x year for contributions for dement	r which the	29 Yes No				
	30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?								
	Does the organization have a gift acceptance poli	cy that requ	uires the review of any r	non-standard contributi					
	Does the organization hire or use third parties or								
	noncash contributions?								
	If 'Yes,' describe in Part II.								
33	If the organization did not report an amount in column describe in Part II.	n (c) for a ty	pe of property for which c	olumn (a) is checked,					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2013

Darf II Cu	nnlement	al informa	tion Pro	vide the i	nformation	required	by Part I	lines 30h	32h and 33	and whether	-
the	organiza eived, or	tion is rep a combina	orting in ation of b	Part I, co oth. Also	lumn (b), complete	the numbe this part fo	er of contri or any add	butions, the itional info	e number of rmation.	, and whether items	
				· · · · · · · · · · · · · · · · · ·							
											
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number 77-0455976 CARS 4 CAUSES SCHEDULE B - LIST OF DONORS THE ORGANIZATION FILES FORMS 1098 FOR QUALIFIED VEHICLE DONATIONS ON A MONTHLY BASIS VIA MAGNETIC MEDIA. Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. EXEC. DIRECTOR IS THE MOTHER OF THE ORGANIZATION'S PRESIDENT. Form 990, Part VI, Line 11b - Form 990 Review Process A DRAFT COPY OF FORM 990 IS PROVIDED TO THE PRESIDENT AND AUDIT COMMITTEE CHAIR FOR THE BOARD APPROVES FORM 990 WHEN IT APPROVES THE AUDIT REPORT REVIEW AND APPROVAL. Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts BOARD MEMBERS AND MANAGEMENT EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A COPY OF THE CONFLICT OF INTEREST POLICY. Form 990, Part VI, Line 17 - List of States which this Return is Filed AL IN MT TX FL AZ CT OR PA NH CO KY NY OH NC SC MN MD KS MA WA GA VA NJ ME MI WV AK CA WY MS NE RI VT WI NV Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available AVAILABLE UPON REQUEST

013	Schedule O - Supplemental Information					
ient 1502	CARS 4 CAUSES	77-045597				
/06/14		09:42A				
Form 990, Part XI, Line Other Changes In Net	9 Assets Or Fund Balances					
DECREASE IN UNSOLI	VEHICLES RESTRICTED BY CONTRIBUTORS	\$ -56,185. -87.				
TRIOR TEAR OWNEON		Total \$ -56,272.				